

## **Texas Funeral Service Commission Change of Ownership Amendment Guidelines**

All applicants when requesting for a change of ownership **ONLY**, must supply all required documents listed below along with the attached Amendment Form.

An amendment for ownership change can be used for the following situations:

- Sale of business
- Death of owner
- Designation change (i.e. sole proprietor to corporation)

By amending the original application, the new owner must agree to the following terms:

- Retain existing license number
- Retain all past complaint history associated with establishment license number
- Responsible for ALL past and current complaint penalties due to Commission regardless of ownership
- Responsible for maintenance of funeral records as required by law

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Read all requirements and instructions carefully. Please attach the following documents with your amendment:

- Legal documents supporting sale of business or designation change
- If owner has passed away, a copy of Death Certificate
- FDIC Appointment Form
- Franchise Tax Addendum, if owned by Corporation

Upon receipt and approval of the items listed above, the establishment will be contacted to schedule a physical site inspection, if necessary, by the TFSC inspectors.

**No license will be issued until all documents are received and processed AND all inspections, if necessary, are completed.**

# Texas Funeral Service Commission

## Change of Ownership Amendment

Name of Establishment \_\_\_\_\_

**License Number** \_\_\_\_\_

Physical Address \_\_\_\_\_  
(street) (city) (zip)

Mailing address (if different from above) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Change of ownership due to:**

- ☐ Sale of business  
☐ Death of owner (**MUST SUBMIT Death Certificate**)  
☐ Designation Change (FROM: \_\_\_\_\_ TO: \_\_\_\_\_)

Please provide the name of the previous owner(s):

\_\_\_\_\_

**TYPE OF BUSINESS**

- ☐ Sole ownership  
☐ Partnership  
☐ Corporation (**MUST SUBMIT Franchise Tax Addendum**)

List names and addresses of the sole owner, partners, or officers of the corporation (attach additional sheet if necessary).

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

**EMPLOYEE LISTING**

Establishment's licensed personnel (attach additional sheet if necessary):

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Non-licensed personnel employed and active in this establishment (attach additional sheet if necessary):

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As the owner of the funeral establishment:

- I understand that I will retain the license number of the existing establishment, I understand I will retain any and all complaint history associated with the said license number, I understand I will be responsible for any past and current penalties due to the Commission whether I was owner at the time of complaint or not. I understand I must retain the records of the establishment as required by law.
- I hereby consent to reasonable inspection of this establishment and its records for compliance with the Mortuary Laws of the State of Texas at such times as may be designated by the Texas Funeral Service Commission.
- I shall designate to the Commission a Funeral Director in Charge, and such Funeral Director in Charge shall be directly responsible for the funeral directing and embalming of the licensed funeral establishment. Any change to the designation shall be given to the Commission within 15 days.
- I affirm that the statements and information contained in this application are true and correct.

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Signature of Owner

Date

Before me, the undersigned, a notary public in and for the State of Texas, on this day personally appeared \_\_\_\_\_, known to me, who by me being placed under oath, disposes and says that he/she is the \_\_\_\_\_ (title) of the \_\_\_\_\_ (establishment).

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(SEAL)

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Notary Public in and for the State of Texas

My commission expires \_\_\_\_\_



## TEXAS FUNERAL SERVICE COMMISSION

### APPOINTMENT OF FUNERAL DIRECTOR IN CHARGE

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Establishment Name	License Number
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Street Address	City	Zip
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Funeral Director in Charge	License Number	Expiration Date
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Date Appointed

Are you currently serving as FDIC/EIC at any other location(s)? Yes\_\_\_ No \_\_\_

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Establishment Name(s)	Location(s)	Establishment License #
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As the Funeral Director in Charge, I am responsible to the Commission for the legal and ethical operation of this establishment and understand that I may be served with administrative process when violations are alleged to have been committed by the funeral establishment. I will notify the Commission in writing immediately if and when the relationship is terminated. I certify to the correctness contained in this application.

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Funeral Director in Charge

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Establishment Owner

Subscribed and sworn to me, the undersigned Notary Public of the State of Texas, on this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Notary Public

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My Commission Expires

(seal)

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Address:  
P. O. Box 12217  
Capitol Station  
Austin, Texas 78711

Toll Free: (888) 667-4881  
Tel: (512) 936-2474  
Fax: (512) 479-5064  
website: [www.tfsc.state.tx.us](http://www.tfsc.state.tx.us)

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Physical Address:  
333 Guadalupe Street  
Suite 2-110  
Austin, Texas 78701

ADDENDUM  
FRANCHISE TAX

Texas Administrative Code Section 203.13 requires any corporate applicant for a license or permit issued by the Texas Funeral Service Commission to certify in writing that its franchise taxes are current, that the corporation is exempt from payment of the franchise tax, or that it is an out-of-state corporation that is not subject to the Texas franchise tax.

If you certify corporate ownership on the application, the certification below must be completed and returned with the application.

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FRANCHISE TAX CERTIFICATION

I hereby certify that \_\_\_\_\_, the corporation listed as the  
Name of Corporation  
owner of \_\_\_\_\_, in the city of \_\_\_\_\_,  
Name of Funeral Establishment

Texas is:

- ☐ Current on the payment of its Texas franchise tax
- ☐ Exempt from payment of the Texas franchise tax
- ☐ An out-of-state corporation that is not subject to the Texas franchise tax

Name & Title of Corporate Officer: \_\_\_\_\_

Franchise Tax ID Number: \_\_\_\_\_

I understand that any false statement as to the corporate franchise tax status on this certification is ground for disciplinary action. I hereby state under oath that the statements contained herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public in and for the State of Texas

My commission expires \_\_\_\_\_